



TUBERCULOSIS PROFILE



Uganda ranks 15th among the world's 22 countries with a high tuberculosis burden. In 2004, the country had nearly 112,000 new TB cases, with an estimated incidence rate of 402 per 100,000 people. The detection and treatment success rates (43 and 68 percent, respectively) for new sputum smear-positive (SS+) cases are still below WHO global standards (70 and 85 percent, respectively). These low rates are due mainly to inadequate recording and reporting; non-adherence to Directly Observed Therapy, Short-Course (DOTS); poor access to health care services; and insufficient numbers of skilled staff and diagnostic facilities. A strong association between TB and HIV/AIDS has further exacerbated Uganda's TB problem. About 19 percent of TB patients are estimated to be HIV-positive.

Uganda's combined National TB/Leprosy Program (NTLP), initiated in 1990, achieved 100 percent DOTS population coverage by 2002. In 2001, the Ministry of Health formally adopted the community-based TB care (CBTBC) strategy to address TB services. The approach includes a six-step process that districts implement within their TB programs. Service delivery depends on a strategic approach that relies on trained community volunteers implementing CBTBC. The success of this intervention hinges on partnerships between the communities (including traditional health practitioners) and formal health services. Currently, most of Uganda's 79 districts have introduced CBTBC.

Country population	27,820,555
Global rank out of 22 high-burden TB countries	15
Estimated number of new TB cases	111,716
Estimated TB incidence (all cases per 100,000 pop.)	402
DOTS population coverage (%)	100
Rate of new sputum smear-positive (SS+) cases (per 100,000 pop.)	75
DOTS detection rate (new SS+) (%)	43
DOTS treatment success rate in 2003 (new SS+) (%)	68
Estimated adult TB cases HIV+ (%)	19
New multidrug-resistant TB cases (%)	0.5

Note: All data are for 2004 except where noted otherwise.
Source: Global Tuberculosis Control: WHO Report 2006.

USAID Approach and Key Activities

USAID began its support to the NTLP in 2001 by helping to extend community-based DOTS (CB-DOTS) to all districts; strengthening district-level TB planning, surveillance, support, and supervision; and improving SS+ TB case detection and treatment success rates. USAID funds for TB programming in Uganda averaged \$1.8 million per year.

USAID support of TB-HIV/AIDS collaborative activities focuses on:

- Developing an integrated approach to the management of TB-HIV co-infected persons through a decentralized service and referral system
- Increasing HIV/AIDS counseling and testing among TB clients as an entry point to HIV/AIDS care and intensifying TB case finding among clients receiving prevention of mother-to-child transmission services, palliative care, and antiretroviral treatment, and in home-based care programs for people living with HIV/AIDS

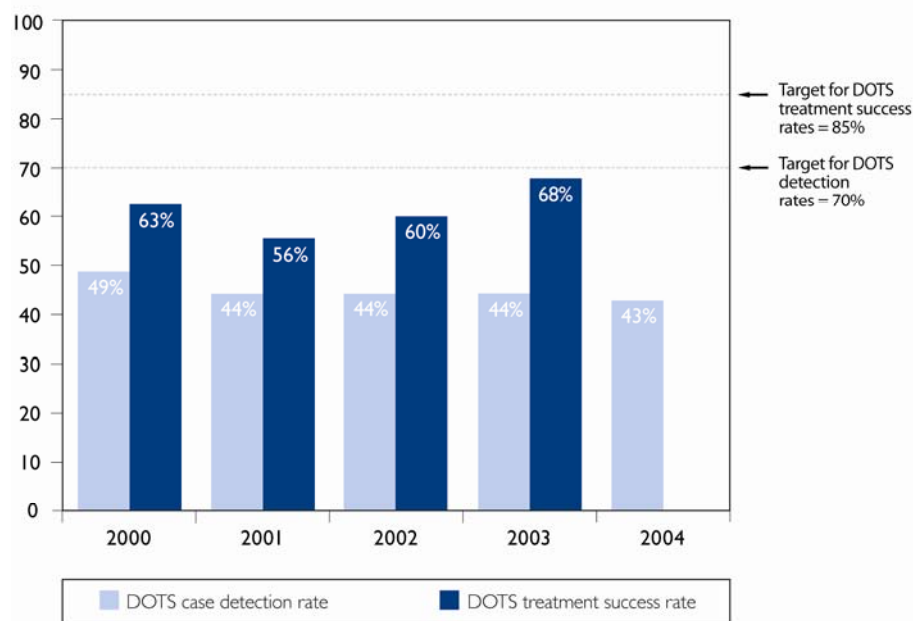
- Strengthening linkages between TB and HIV/AIDS programs and building systems for managing and monitoring TB-HIV co-infected patients across the various health care programs at the district and community levels
- Increasing service efficiency and competency in the management of TB-HIV co-infected patients aimed at improving TB cure rates and increased adherence to antiretroviral drugs and TB treatment

USAID Program Achievements

USAID program achievements include the following:

- Supported TB activities in 28 districts, with a focus on increasing service efficiency and competency in the management of TB and HIV/AIDS by training health workers in diagnosis and treatment; strengthening monitoring and supervision systems; improving community information and advocacy through brochures and posters for clients, community members, and health workers; and developing TB-HIV/AIDS collaboration implementation plans and district coordination committees
- Collaborated with the Uganda Peoples Defense Forces to develop a modified CB-DOTS for the military
- Upgraded the physical infrastructure of 70 laboratories and provided laboratory equipment to 87 laboratories in 16 districts
- Supported the NTLP in developing a TB communications strategy
- Streamlined the TB drug supply chain system to avoid waste
- Supported the NTLP in customizing and implementing a computerized data entry system for tracking TB drug and supply procurement
- Developed standardized training materials and desk references in collaboration with the NTLP for more than 1,000 health workers in CB-DOTS and more than 180 laboratory personnel

Case Detection and Treatment Success Rates Under DOTS



Note: DOTS treatment success rate for 2004 will be reported in the 2007 Global Report.
Source: Global Tuberculosis Control: WHO Report 2006.

Partnerships

Partnerships are an important element in combating TB in Uganda. Partners include the Ministry of Health, the U.S. Centers for Disease Control and Prevention, the Canadian International Development Agency, the International Union Against Tuberculosis and Lung Disease, WHO, the German Leprosy and TB Relief Association, Medici Con L'Africa, the Association of Volunteers in International Service, FIDELIS CARE, the Malaria Consortium, and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

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